## P11000065705

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: JD LANDSCAPIN	NG OF TAMPA INC	
	BER: P11000065705	<del> </del>	-
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ANGEL DIEZ		
		Name of Contact Perso	<u> </u>
	DBS DIEZ BUSINESS SER	VICES INC	
		Firm/ Company	<del></del>
	4125 W WATERS AVE	Timii Company	
		Address	
	TAMPA, FL 33614		
		City/ State and Zip Cod	e
DBS	5.10@FRONTIER.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:at (	871-1816
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address dment Section on of Corporations a Building Executive Center Circle
1 41			assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JD.	I.A	NDS	CAPI	NG	OF T	'AM'	PA	INC
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(Name o	of Corporation as curren	tly filed with the Florida Dept. of	(State)
P11000065705			
	(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.  S Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adop	ts the following amendment(s) t
. If amending name, enter the new na	me of the corporation:		
			The new
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered." "professional associa	ation "Corp." "Inc." or	"Co". A professional corporation	ted" or the abbreviation
Enter new principal office address,	if applicable:	ZULAMAR ACORDI	~. <del>!</del>
Principal office address <u>MUST BE A S</u>		12808 HORSESHOE RD	78
		TAMPA, FL 33626	THE PARTY OF THE P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12808 HORSESHOE RD	SFF F
		TAMPA, FL 33626	
. If amending the registered agent annew registered agent and/or the new			of the
ZIII AMAR ACORDI			
Name of New Registered Agent			
Name of New Registered Agent	12808 HORSESHOE RD	)	
Name of New Registered Agent		treet address)	
Name of New Registered Agent  New Registered Office Address:		treet address)	 orida 33626

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President: T = Treasurer; S = Secretary; D = Director: TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
$X  ext{ Add}$	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	Р	DIOGENES J PINTO			
Add X _					
Remove		ZIII AMAD AGODDI			
2) Change	P	ZULAMAR ACORDI	12808 HORSESHOE RD		
X Add			TAMPA, FL 33626		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary)</i> .	(Be specific)	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of issued shares.	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · ·		

	09/20/2017	
The date of each amendment(s)		, if other than the
date this document was signed.		
09	/20/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	ino more than 50 days after amenament file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s)	tatement ):
	of for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	der
09/20/20 Dated	17	
	Buight.	
Signature	director, president or other officer – if directors or officers have not	haan
selec	ed, by an incorporator – if in the hands of a receiver, trustee, or other	been court
	nted fiduciary by that fiduciary)	Court
	DIOGENES J PINTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	